

The two goals of the United States' guiding public health document, *Healthy People 2010*, are (1) to eliminate disparities in access to health care and health outcomes and (2) to increase quality of life (USDHHS, 2000b). *Healthy People 2010* is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Oral health is a significant contributor to overall health; to increase quality of life, South Carolina must improve the oral health of its citizens. Most of the common oral diseases and conditions can be prevented through public health measures such as education and water fluoridation; the challenge becomes integrating health education, health promotion, and policy interventions to reduce the burden of oral disease on society (Watt, 2005).

One component of a successful health promotion plan is a set of specific, measurable objectives that set targets for the reduction of disease burden, disease prevention, and health promotion. Chapter 21 of *Healthy People 2010* contains baseline information on national oral health indicators and suggests objectives for key public health processes and outcomes related to improving general oral health (USDHHS, 2000b). *Oral Health in America: A Report of the Surgeon General* alerted Americans to the importance of oral health in their daily lives (USDHHS, 2000a). When the *Report* was issued in May of 2000, it detailed how oral health is promoted, how oral diseases and conditions are prevented and managed, and what needs and opportunities exist to enhance oral health. The Surgeon General's report on oral health was a wake-up call, spurring policy makers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action. That call to action led a broad coalition of public and private organizations and individuals to generate *A National Call to Action to Promote Oral Health* (USDHHS, 2003). The Surgeon General's *Report* concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities.

National objectives on oral health such as those in *Healthy People 2010* provide measurable targets for the nation, but most core public health functions of assessment, assurance, and policy development occur at the state level. The *National Call to Action to Promote Oral Health* calls for the development of plans at the state and community levels, with attention to planning, evaluation, and accountability (USDHHS, 2003). The South Carolina Department of Health and Environmental Control (SC-DHEC) Strategic Plan contains a series of goals and objectives for improving the state's health status by the year 2010 (SC-DHEC, 2005b). The goals are very similar to the national goals in *Healthy People 2010*. All divisions of SC-DHEC are expected to include the agency goals as part of the division's planning process. A State Oral Health Plan is essential to guiding the agency's activities to improve the oral health of South Carolina citizens.

The State Oral Health Plan describes the burden of oral disease in South Carolina, the collaborative process used to develop a comprehensive plan for action, a vision statement with an action plan, and methods to evaluate desired plan outcomes. Also included in the State Oral Health Plan are national objectives from *Healthy People 2010*. The *Healthy People 2010* objectives serve as additional benchmarks for success in evaluating the outcomes of the planned strategies and action steps.

The State Oral Health Plan for South Carolina is structured on the PRECEDE-PROCEED model of community assessment and program implementation (Green and Kreuter, 2005). The PRECEDEPROCEED model was developed to provide a framework for designing, implementing, and evaluating health interventions. The model is divided into eight phases, split into two parts: the PRECEDE (Predisposing, Reinforcing, and Enabling Constructs in

Educational/Ecological Diagnosis and Evaluation) model, comprising phases one through four; and the PROCEED (Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development) model, comprising phases five through eight (See Figure 1).

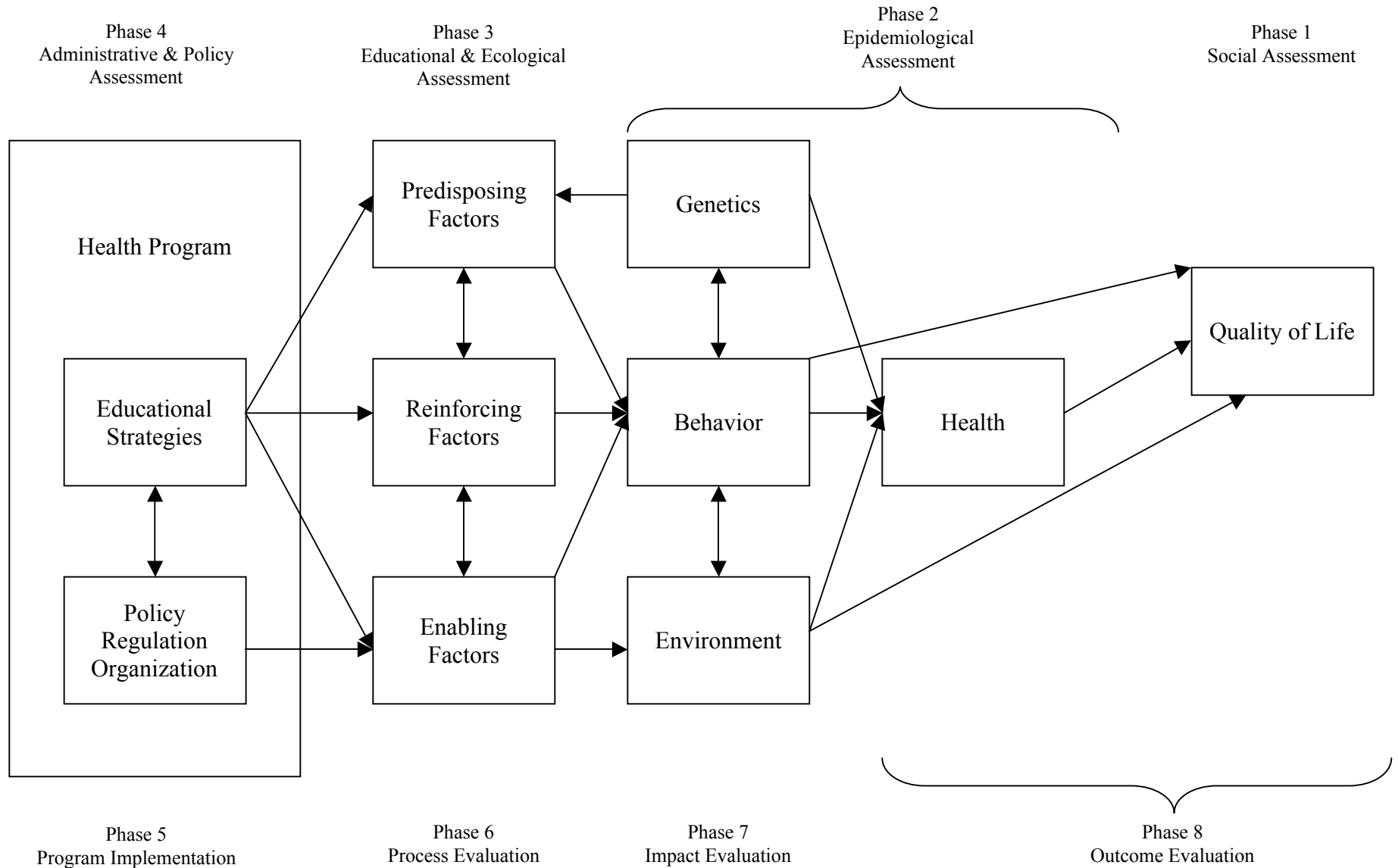
Phase one of PRECEDE begins by assessing the quality of life of the general population; phase two expands this assessment by including epidemiological data relating to the health outcome in question, including genetic and behavioral factors. In phase three, broader individual and community factors that contribute to the health outcome are explored. Phase four looks at policy implications on proposed health intervention programs, as well as covering the resources needed (human, fiscal, and spatial) for implementation of the program.

The second half of the model, PROCEED, covers the actual implementation of health intervention programs and evaluations of their outcomes. Each of the four phases in PROCEED corresponds with specific phases of PRECEDE. Phase five, the implementation of a health intervention program, is directly linked to phase four (the resources needed for implementation). Phases six, seven, and eight allow for evaluation of the program at the individual, program, and population levels.

This model provides a framework for the design and implementation of most health promotion interventions. It requires the program designer to examine the health issue not only from the standpoint of implementation, but also from “before” and “after” views: is this health program really essential, based on the health needs of the population? After implementation, did the health program have an effect on the health of the general population?

As the State Oral Health Plan is updated every few years, the underlying PRECEDE/PROCEED structure will continue to guide policymakers and public health professionals in choosing the most effective way to reach the public. National indicators such as Maternal and Child Health Bureau Title V Performance Measures are referenced, along with *Healthy People 2010* baseline and progress measures. Data collected by the state of South Carolina during implementation of the Oral Health Surveillance Plan (including the Oral Health Needs Assessment done every five years) are included as a measure of South Carolina’s progress toward meeting the objectives outlined in this plan.

Figure 1: The PRECEDE-PROCEED Model. This model should be read from the top right of the diagram (phase 1) around in a circle to the bottom right (phase 8). The phases of PRECEDE (top row) are aligned with the corresponding phases of PROCEED (bottom row). From Green & Kreuter, 2005.



ABBREVIATED LOGIC MODEL BASED ON FRAMEWORK – Specificity provided in each section of plan

